

Application Data Sheet

Application Information

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| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested Group Art Unit:: | N/A |
| CD-ROM or CD-R?:: | None |
| Sequence submission?:: | None |
| Computer Readable Form (CRF)?:: | No |
| Title:: | PROCESS FOR PRODUCING ARSENIC TRIOXIDE FORMULATIONS AND METHODS FOR TREATING CANCER USING ARSENIC TRIOXIDE OR MELARSOPROL |
| Attorney Docket Number:: | CELLTH 3.0-003 CONT CONT IX |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Total Drawing Sheets:: | 0 |
| Small Entity?:: | Yes |
| Petition included?:: | No |
| Secrecy Order in Parent Appl.?:: | No |

Applicant Information

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|----------------------------------|---------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | US |
| Status:: | Full Capacity |
| Given Name:: | Raymond |
| Middle Name:: | P. |
| Family Name:: | Warrell |
| Name Suffix:: | Jr. |
| City of Residence:: | Westfield |
| State or Province of Residence:: | NJ |

Country of Residence:: US
Street of mailing address:: 6 Kimball Circle
City of mailing address:: Westfield
State or Province of mailing address:: NJ
Postal or Zip Code of mailing address:: 07090

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Italy
Status:: Full Capacity
Given Name:: Pier
Middle Name:: Paolo
Family Name:: Pandolfi
City of Residence:: New York
State or Province of Residence:: NY
Country of Residence:: US
Street of mailing address:: 303 East 60th Street
City of mailing address:: New York
State or Province of mailing address:: NY
Postal or Zip Code of mailing address:: 10022

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Janice
Middle Name:: L.
Family Name:: Gabrilove
City of Residence:: New York
State or Province of Residence:: NY
Country of Residence:: US
Street of mailing address:: 25 East 86th Street
City of mailing address:: New York
State or Province of mailing address:: NY

Postal or Zip Code of mailing address:: 10028

Correspondence Information

Correspondence Customer Number:: 000530

Representative Information

Representative Customer Number:: 000530

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|---|----------------------|----------------------|
| This Application | Continuation of | 10/425,785 | 04/30/03 |
| 10/425,785 | Continuation of | 09/189,965 | 11/10/98 |
| 09/189,965 | An application claiming the benefit under 35 USC 119(e) | 60/064,655 | 11/10/97 |

Assignee Information

Assignee name:: Memorial Sloan-Kettering Cancer Center

Street of mailing address:: 1275 York Avenue

City of mailing address:: New York

State or Province of mailing address:: NY

Postal or Zip Code of mailing address:: 10021